

Treatment of Comedones.—Dr. H. von Hebra (*Hospitals-Tidende*, No. 11, 1893) prescribes the two following solutions in the treatment of blackheads:

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| 1. R | Rose water, | } aa. gms. 10 |
| | Alcohol, | |
| | Glycerine, | |
| | (5ijss). | |
| | Borax. gms. 5 | |
| | (5j¼). | |

Shake before using.

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| 2. R | Green soap. gms. 40 |
| | (5j¼). |
| | Spir. lavender. gms. 10 |
| | (5ijss). |
| | Alcohol. gms. 80 |
| | (5ijss). |

Every morning wash the skin with No. 1, and then rub in No. 2. Then wash off with warm water.—*Lancet-Clinic*.

For Impotence.—The following case illustrates a method suggested by Dr. King in the *Boston Med. and Surg. Journal* to remedy a condition which usually plunges those subject to it into the most deplorable state of mental suffering.

Mr. M., aged thirty-five, a labourer of powerful physique, came to me about a year ago with the following history: For several years he had been losing the power of maintaining an erection, during the past year its duration having been so short that sexual intercourse had been rendered impossible. There was a loss of sexual desire and great mental depression. Excessive use or abuse was the cause of this condition.

I gave all possible encouragement to the patient; advised total abstinence from sexual intercourse, cold baths (especially to the spine and external genitals); prescribed bromides, cannabis indica, cantharides, damiana, phosphorus and salts containing it; pushed strychnine as far as it could be borne; gave various tonics; used electricity; and, in short, tried everything which offered any hope of success, but all to no effect so far as producing any stronger erection was concerned.

Careful study of the case convinced me that the immediate cause of the trouble was a physical one, due to a leakage, as it were, or to a too rapid escape of blood from the penis when erected. I therefore determined to ligate a couple of the

larger subcutaneous veins at the base of the penis and watch the effect.

This was very easily done by the use of cocaine. A vein on each side of the penis was exposed, ligated in two places and severed between the ligatures. A dressing was lightly applied and held in position by a strip of adhesive plaster placed longitudinally. The result was immediate. In less than five minutes after leaving my office he had an erection. That night he was awakened by a powerful erection which made the bandage so painfully tight that he was obliged to jump out of bed upon the cold floor to subdue it. Primary union was prevented by the frequent erections, but the success of the operation was certain.

Two months later he reported himself well, mentally and physically; his sexual appetite had returned, and since the operation, his power of maintaining erections had been as good as ever.—*Maryland Med. Journal*.

Treatment For Sprain.—In the *International Medical Magazine*, July, Dr. Gibney draws attention thus to a method advocated by Mr. Cotterill, London. He says: Physicians often talk in a vague way about ruptured ligaments in sprains, but as a rule the ligaments are not ruptured. What really happens is, that the tendons and the capsule of the joint are strained. When such an accident occurs, there is ecchymosis and swelling, the fluid in the sheath of the tendon becomes increased, and we have all the usual signs of acute sprain. After you have excluded fracture and dislocation, proceed to treat the sprain properly in the following simple manner: Put the injured foot on an inclined plane, or tell the patient to lie with the foot upon the head of a sofa for some time, while some one carefully and patiently rubs the injured tendon. After a few hours of rest, straps of adhesive plaster should be applied like a Scultetus bandage, beginning below the seat of injury and continuing up two or three inches above the injured area. Over this a piece of cheese-cloth is applied for the first night, and a light bandage. As soon as the bandage is applied, let the patient put on the shoe and insist on his beginning to walk in your presence. After the first few efforts it will be comparatively easy. Never allow these patients to use crutches, and never be guilty of using plaster